until knee-clonus was produced; but in the third stage of asphyxia no reaction could be obtained. As asphyxia diminishes or annuls the excitability of the motor cortex, the author thinks that the preliminary exaggeration of the knee-jerks here obtained was owing to loss of cerebral control upon lumbar centres, and that these strongly organized spinal centres succumbed later to the poisonous influence of super-venous blood than did the controlling cerebral motor centres. It is suggested that when oxygen is administered to cyanosed patients, their knee-jerks should be tested before and after the gas is given. If super-venosity is a cause of a loss of the knee-jerks, Dr. Jackson believes the fact may be important with regard to the apoplectic state, and perhaps also with regard to post-epileptic coma. He suggests in all cases of apoplexy or coma to note the degree of super-venosity, and to investigate, in regard to it, the state of the patients as to the tendon-reactions and superficial reflexes. A. F.

TÆNIA AS A CAUSE OF INTERCOSTAL NEURALGIA AND HERPES ZOSTER.

(N. Y. Med. Jour., March 5, 1892.) About a year ago E. C. Duryee, M.D., observed a case of severe intercostal neuralgia which, in spite of treatment, persisted for three weeks, when for the first time the patient passed some tapeworm segments. Upon getting rid of the worm the pain rapidly subsided. Since then the author saw a man suffering with herpes zoster, where examination of the stool revealed the fact that he was infested with tænia. Eight other cases of tapeworm have come under Dr. Duryee's notice, in which four of the patients had either intercostal neuralgia or undoubted shingles; and he is of the opinion that these affections are probably reflex symptoms of the digestive disturbances occasioned by that parasite. A. F.

CLINICAL.

HYSTERICAL FEVER.

Pucci has studied this subject and concludes as follows:

1. There is an actual hysterical fever.
2. It is one of the various forms of hysteria which has been studied, especially during these latter years.

3. It is produced by a paralysis of the inhibitory cortical heat centres; it may also be caused by an excitement of the thermogenetic centres.

4. It may present itself in young, marriageable and chaste women; in adults, the married and widows. According to Salomone-Marino it is more intense and obstinate in women who lead immoral lives. It may appear during pregnancy; it does not disturb pregnancy, neither does it influence the health of the fœtus. Males are also possibly subject to it.

5. It generally follows other hysteric symptoms of the diathesis, yet it may be an initial symptom.

6. It always accompanies other phenomena of hysteria, which may aggravate during the period of the highest temperature.

7. It may assume the quotidian or tertian intermittent type and the remittent or subcontinuous type; in the second case assuming the meningitic typhoid type.

8. It is accompanied by the ordinary symptoms of fever. It may rise to a high degree, and during the apyrexia descend to 35° C.

9. The same patient may present, successively, various modalities of symptoms, and, in its course, the fever may undergo notable interruptions of several days, and even months.

10. No general or visceral lesion is ever to be found. Nutrition remains good; but the mental condition of the patient may be disturbed.

11. It is refractory to all the antithermic remedies and to the salts of quinine; but it may yield to antihysteric treatment (Gazzetta degli ospitali, No. 91, 1891).

F. H. P.

A CASE OF WORD-BLINDNESS WITH AGRAPHIA.

There is an ever-accumulating mass of evidence to show that word-blindness may be produced by lesions lying in the region of the inferior parietal lobule or extending posteriorly into the angular gyrus and occipital lobe.

M. Serieux lately communicated an interesting case of word-blindness with a agraphia, to the Society of Biology, in which the only lesion that could explain the loss of the mental vision of graphic signs and the inability to write was a focus of softening which destroyed